



Constitution Party of Wisconsin
www.cpow.org / 1-877-201-2441
2009 Membership Application Form

US Congressional Dist. No. _____
WI Senatorial District No. _____
WI Assembly District No. _____

Renewing? _____ **If New Member, Referred by:** _____

- | Active Membership (must be a Wisconsin resident, 18 years of age): | Amount |
|---|---------------|
| <input type="checkbox"/> Annual (only full annual/lifetime members may vote or serve on State Committee)
Individual Membership - \$30.00 / Family Membership - \$50.00 | \$ _____ |
| <input type="checkbox"/> Lifetime (lifetime of individual or family listed)
Individual Membership - \$650.00 / Family Membership - \$750.00 | \$ _____ |

Friend of the Party:

- | | |
|---|----------|
| <input type="checkbox"/> Associate (strong supporter of CPoW but not interested in full membership) - \$20.00 | \$ _____ |
| <input type="checkbox"/> Liberty Club (financially support CPoW with a monthly pledge) | \$ _____ |
| <input type="checkbox"/> Prayer Partner (regularly pray for CPoW, its leadership and its concerns) | |

Additional Contribution:

- | | |
|--|----------|
| <input type="checkbox"/> General Expenses (literature, office expenses, information packets, programs, etc.) | \$ _____ |
| <input type="checkbox"/> Special contribution toward the CPoW assessment to the National Party.
(State organizations are assessed \$1,000 per year by the National Party) | \$ _____ |
| <input type="checkbox"/> Other (specify) _____ | \$ _____ |

Campaign/Candidate:

- | | |
|---|----------------------------------|
| <input type="checkbox"/> I am planning to seek public office. Send me campaign information. | |
| <input type="checkbox"/> I wish to help with a candidate's campaign. | Total Enclosed - \$ _____ |

Make checks payable to CPoW. Mail this form and dues and/or contributions to:		Constitution Party of Wisconsin N15W22294 Watertown Road Waukesha, WI 53186-1195
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PAYMENT METHOD: Money Order _____ Check _____ Cash (if paid in person) _____

Credit/Debit Card # _____ exp. _____ Signature _____

Name(s): _____

Address 1: _____ Address 2: _____

(must circle one) City/Town/Village: _____ Zip: _____

☎ Home phone: _____ Cell phone: _____
 📧 Email: _____ Add my e-mail to party news/events updates list

(For Membership Only): I (we), the undersigned, agree with the purposes, constitution, platform, and principles of the CPoW and its local affiliate, CPoW of _____ County.

Signature(s) _____

Paid for by the Constitution Party of Wisconsin, William Hemenway, Treasurer. Contributions to the Party are not tax deductible, and are solicited for possible use in Federal elections. Corporate contributions are not accepted. Individuals may contribute up to \$10,000 per year. **State law requires political committees to report the contributor's occupation and employer when contributions exceed \$100 in a calendar year.**

Occupation: _____ Employer's Name: _____

Employer's Address: _____